

Year	Stage of Meaningful Use		NCIR timeline
2014	2		January 1st- December 31st - North Raleigh Pediatrics successfully achieved Ongoing Submission. NCIR Onboarding Pilot projects.
2015	2		January 1st- December 31st - NCIR Onboarding Pilot projects.
2016	2		January 1st- December 31st - NCIR Onboarding Pilot projects. February 15th - NC Division of Public Health Meaningful Use Portal opens. February 29th - CMS deadline for Meaningful Use registration.
2017	2	3	January 1st - NCIR Onboarding Pilot projects. January - UNC Pediatrics Southpoint successfully achieved Ongoing Submission. March 31st - NCIR upgrades to HL7 2.5.1 version 1.5. July 1st - NCIR declares MU3 readiness.
2018	3		
For more, detailed information, please visit the CMS webpage: <a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2017ProgramRequirements.html">https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2017ProgramRequirements.html</a>			

## **Objectives and Measures in 2015 through 2017**

The following are the objectives and measures for eligible professionals (EPs), eligible hospitals (EHs), and Critical Access Hospitals (CAHs) to successfully demonstrate meaningful use (MU) for an electronic health record (EHR) reporting period in 2015 through 2017.

There are 10 objectives for Eps and are divided into the following categories’ :

- 1 consolidated public health reporting objective;
- 9 objectives for eligible hospitals
- 1 consolidated public health reporting objective for CAHs.

1. **Protect Patient Health Information:** Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
2. **Clinical Decision Support (CDS):** Use clinical decision support to improve performance on high priority health conditions.
3. **Computerized Provider Order Entry (CPOE):** Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
4. **Electronic Prescribing:** (EPs) Generate and transmit permissible prescriptions electronically (eRx); (Eligible hospitals/CAHs) Generate and transmit permissible discharge prescriptions electronically (eRx).
5. **Health Information Exchange:** The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
6. **Patient Specific Education:** Use clinically relevant information from CEHRT to identify patient specific education resources and provide those resources to the patient.
7. **Medication Reconciliation:** The EP, eligible hospital, or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
8. **Patient Electronic Access:** (EPs) Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP. (Eligible hospitals/CAHs) Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.
9. **Secure Electronic Messaging (EPs only):** Use secure electronic messaging to communicate with patients on relevant health information.
10. **Public Health Reporting:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT, except where prohibited and in accordance with applicable law and practice.  
Stage 1, Immunization specific:

### **Objectives and Measures in 2018**

- All providers are required to attest to a single set of objectives and measures.
- For eligible professionals (EPs) and eligible hospitals there are 8 objectives.

### Meaningful Use Stages from 2015 to 2018

- To meet Stage 3 requirements, all providers must use technology certified to the 2015 Edition. A provider who has technology certified to a combination of the 2015 Edition and 2014 Edition may potentially attest to the Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures. However, a provider who has technology certified to the 2014 Edition only may not attest to Stage 3.
- Please note there are no alternate exclusions or specifications available.
- There are changes to the measure calculations policy, which specifies that actions included the numerator must occur within the EHR reporting period if that period is a full calendar year, or if it is less than a full calendar year, within the calendar year in which the EHR reporting period occurs. Specific measures affected are identified in the Additional Information section of the specification sheets.

### **2018 Immunization Specific EP objectives:**

(7)	<a href="#">Health Information Exchange</a> - The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
(8)	<a href="#">Public Health Reporting</a> - the EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

### **2018 Immunization Specific EH/CAH objectives:**

(7)	<a href="#">Health Information Exchange</a> - The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
(8)	<a href="#">Public Health Reporting</a> - The eligible hospital or CAH is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.